

COMMITTEE NAME (Must be same as on Statement of Organization)
Peter M Rose for Mayor Committee

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Peter M Rose Political Party Independ
Office Sought _____ District (if Senate or House) _____

Office Sought

Minor

Paula A. 030

SIGNATURE OF TREASURER (or person filing this report)

Political Party

Independence

District (if Senate or House)

JUL 18 2003

1A

2814482

TELEPHONE

JUL 18 2003

7/18/03
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 19, 2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one ☐

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

6/13

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F).....*Candidate's own*

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

****UNPAID BILLS (From Schedule D - Attach Schedule D)** \$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$

CANDIDATE COMMITTEES ONLY:**CONSULTANT BREAKDOWN (Schedule G Attached?)****VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)**

_____ YES _____ NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Peter M. Rose for Mayor Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
4/21/03	ID# CK# 4560	Kirke Dorweiler 1505 Glen Oaks Drive West Des Moines, IA 50266		\$250.00	<input type="checkbox"/>
4/24/03	ID# CK# 1135	Brian Conley 1900 E. 17th St Des Moines, IA 50316		200.00	<input type="checkbox"/>
5/7/03	ID# CK# 3727	Stephonie Jewett 4615 Beaver Crest Dr. Des Moines, IA 50310-3146		100.00	<input type="checkbox"/>
5/21/03	ID# CK# 6001	Sam O'Brien 1303 Bell Ave Des Moines, IA 50315		\$50	<input type="checkbox"/>
5/29/03	ID# CK# 2506	Harry (Jack) & Pat Sink 315 Foster Drive Des Moines, IA 50312		\$100.00	<input type="checkbox"/>
5/29/03	ID# CK# 1729	Robert C. Wray 3310 Kingman Des Moines, IA 50311		\$50.00	<input type="checkbox"/>
6/11/03	ID# CK# 14477	Des Moines Yacht Club Craig Kelsor 2617 Ingersoll - Des Moines, IA 50312		\$100	<input type="checkbox"/>
6/18/03	ID# CK# 8422	Rev Pinchas Spiro & Lora Spiro 671-48th St Des Moines, IA 50312		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$875.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

\$32.17 balance in account
~~675.40~~ - Candidates own money
 384.50

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Peter M. Rose for Mayor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/29/ 03	ID# CK# 1006	Office max 2700 Ingersoll Des Moines, IA 50312	Pens Pens for Treasurer 2HP Color Ink Jet no combination cartridge	\$79.41
5/4/ 03	ID# CK# 1007	Deals 2650 Ingersoll Des Moines, IA 50312	Office Supplies - clipboards Items for announcement as candidate	\$11.13
5/14/ 03	ID# CK# 1008	Kinkos 400 Locust Des Moines, IA 50309	Business cards for Campaign	41.87
5/14/ 03	ID# CK# 1009	Civil Center of Des Moines 221 Walnut Des Moines, IA 50309	To support cultural entertainments one of our citizens Key attraction	\$50.00
5/14/ 03	ID# CK# 1010	1000 Friends of Iowa 3524 - 6th Ave Des Moines, IA 50313	Employees To support buying local goods & services by city residents - nature	\$35.00
5/14/ 03	ID# CK# 1011	Button Works Plus PO Box 4115 Des Moines, IA 50333	Buttons for Campaign "Peter Rose for Mayor"	\$121.96
5/15/ 03	ID# CK# 1012	Wolgreens 2843 Ingersoll Des Moines, IA 50312	Film for campaign Disposable camera	\$69.87
5/22/ 03	ID# CK# 1013	Deals 2650 Ingersoll Des Moines, IA 50312	Thank you cards & decorations for fund raiser	\$27.03
SUB-TOTAL				\$435.21
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Peter M. Rose For Mayor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/22/03	ID# CK# 1014	Office Max 2710 Ingersoll Des Moines, IA 50312	Cartridges for printer film for campaign Focus groups for polling	\$ 92.90
5/23/03	ID# CK# 1015	Dahls 3540 Ingersoll Des Moines, IA 50312	stamps for mailing info to voters	\$ 37.00
5/26/03	ID# CK# 1017	Walgreens 2843 Ingersoll Des Moines, IA 50312	Batteries - decoration for upcoming fundraisers	\$ 97.14
5/27/03	ID# CK# 1018	Deals 2650 Ingersoll Des Moines, IA 50312	Material for display & decorations	21.20
5/29/03	ID# CK# 1019	Button works PO 4116 Des Moines, IA 50333	Buttons for Campaign	\$ 98.05
5/29/03	ID# CK# 1020	City of Des Moines	Tape of Council meeting	\$ 15.00
6/4/03	ID# CK# 1016	Carter Printing 1739 E. Grand Des Moines, IA 50316	Business Cards	\$ 50.88
6/5/03	ID# CK# 1021	T-Mobile (Digital Connected) Phone for 655 Walnut Suite 226 Des Moines, IA 50309	campaign	\$ 108.89
SUB-TOTAL				\$ 521.06
TOTAL (if last page of this schedule)				\$

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Peter M. Rose For Mayor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/6/03	ID# CK# 1023	Carter Printing PO Box 4116 Des Moines, IA 50333	Campaign Buttons Distributing	\$ 165.50
6/17/03	ID# CK# 1024	A.D.F. Log Headquarters 612 E. Grand Des Moines, IA 50309	Red, White, Blue Bunting - multiple uses	\$ 14.31
6/18/03	ID# CK# 1025	Koch Brothers 4th & Grand Des Moines, IA 50309	Campaign Posters Placards	41.34
6/18/03	ID# CK# 1026	True Value 63rd & Grand West Des Moines, IA 50266	Staves for campaign placards/yard signs	2.39
6/18/03	ID# CK# 1027	Pratt 333 S.W. 9th Des Moines, IA 50309	Anchor Bull Horn	15.90
6/27/03	ID# CK# 1028	Office Max 2700 University Des Moines, IA 50312	computer paper for campaign	14.82
6/30/03	ID# CK# 1030	Office Max 2700 University Des Moines, IA 50312	staples, envelopes (bubble) notebook & water for campaign activities	16.62
	ID# CK#			
SUB-TOTAL				\$ 270.86
TOTAL (if last page of this schedule)				\$ 227.13

pd 20
in cash
own

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Peter M. Rose for Mayor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

JUL 21 2003

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5/23/03	Peter Rose 668 48th St Des Moines, IA 50312-1955	self	\$ 100
5/27/03	Peter Rose 668-48th St Des Moines, IA 50312-1955	self	\$ 200
6/9/03	Peter Rose 668 48th St Des Moines, IA 50312-1955	self	\$ 84.30

TOTAL (PART I)

\$ 384.30

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$

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(for Schedule F)